

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006024

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

128

Primary Registration District No.

2000

Registrar's No.

285

1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)

TOWN SPRINGFIELD

Length of stay in 1b

YEARS

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTE 2258 N. CONCORD

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

COUNTY

GREENE

c. CITY

OR

TOWN

SPRINGFIELD

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

2258 N. CONCORD

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

FRED

Middle

THOMAS

Last

INMON

4. DATE

OF DEATH

Month

Day

Year

FEB. 21, 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

11/12/98

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED AUTOMOBILE MECHANIC

10b. KIND OF BUSINESS OR INDUSTRY

GREENE CO., MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

EDWARD F. INMON

13b. MOTHER'S MAIDEN NAME

SARAH MARTIN

14. NAME OF HUSBAND OR WIFE

NELLIE INMON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

2 MRS. NELLIE INMON; 2258 N. CONCORD

18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY.

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4-8-57

to 2-21-63

and last saw him alive on 2-18-63

Death occurred at

4:20

P. m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

SPRINGFIELD, MISSOURI

22c. DATE SIGNED

2-23-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

BURIAL

23b. DATE

2/23/63

23c. NAME OF CEMETERY OR CREMATORY

MAPLE PARK CEMETERY

23d. LOCATION (City, town, or county)

SPRINGFIELD, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

AYRE-GOODWIN

SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG.

2-26-63

26. REGISTRAR'S SIGNATURE

Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

0397

0397

3

4 0

5 1

6

7 0

8 2

9/99.2

10

11

12 90-0

13

USE BLACK INK  
OR  
TYPEWRITER RIBBON

max 7 Feb 1963

MAR 14 1963

Permit 2-21-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Robert A. Hasebrook*

Licensed Embalmer No. 5150

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.